



**ACKNOWLEDGEMENT OF NOTIFICATION  
OF  
HAZARDOUS WASTE ACTIVITY**

**04/06/2012**

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

**EPA I.D. NUMBER: NYR000134148**

**INSTALLATION NAME: TARGET STORE #T1856**

**INSTALLATION ADDRESS : 2001 SOUTH RD  
POUGHKEEPSIE, NY 12601-5978**

**MAILING ADDRESS : PO BOX 111  
MINNEAPOLIS, MN 55440**

EPA Form 8700-12AB (4-80)

**USEPA - REGION 2  
RCRA Programs Branch  
290 Broadway, 22nd Floor  
New York, NY 10007-1866**

**ATTN: RCRA NOTIFICATIONS  
Tel : (212) 637-4106  
Fax: (212) 637-4437**

**TO: TARGET STORE #T1856  
or Current Occupant  
ATTN: STEVE MUSSER  
PO BOX 111  
MINNEAPOLIS, MN 55440**

**SEND  
COMPLETED  
FORM TO:**  
The Appropriate  
State or Regional  
Office.

United States Environmental Protection Agency  
**RCRA SUBTITLE C SITE IDENTIFICATION FORM**

2012 FEB 22 AM 8:58  
RCRA PROGRAMS  
BRANCH



<b>1. Reason for Submittal</b>  MARK ALL BOX(ES) THAT APPLY	<b>Reason for Submittal:</b> <input type="checkbox"/> To provide an Initial Notification (first time submitting site identification information / to obtain an EPA ID number for this location) <input checked="" type="checkbox"/> To provide a Subsequent Notification (to update site identification information for this location) <input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application <input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____) <input type="checkbox"/> As a component of the Hazardous Waste Report (If marked, see sub-bullet below) <input type="checkbox"/> Site was a TSD facility and/or generator of $\geq 1,000$ kg of hazardous waste, $>1$ kg of acute hazardous waste, or $>100$ kg of acute hazardous waste spill cleanup in one or more months of the report year (or State equivalent LQG regulations)
<b>2. Site EPA ID Number</b>	<b>EPA ID Number</b>   N   Y   R   0   0   0   1   3   4   1   4   8
<b>3. Site Name</b>	<b>Name:</b> Target Store #T1856
<b>4. Site Location Information</b>	<b>Street Address:</b> 2001 South Rd <b>City, Town, or Village:</b> Poughkeepsie <b>County:</b> Dutchess <b>State:</b> NY <b>Country:</b> USA <b>Zip Code:</b> 12601
<b>5. Site Land Type</b>	<input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other
<b>6. NAICS Code(s) for the Site (at least 5-digit codes)</b>	<b>A.</b>   4   5   2   1   1   2   <b>C.</b>             <b>B.</b>             <b>D.</b>
<b>7. Site Mailing Address</b>	<b>Street or P.O. Box:</b> PO Box 111 <b>City, Town, or Village:</b> Minneapolis <b>State:</b> MN <b>Country:</b> USA <b>Zip Code:</b> 55440
<b>8. Site Contact Person</b>	<b>First Name:</b> Steve <b>MI:</b> <b>Last:</b> Musser <b>Title:</b> Manager, Corporate Compliance <b>Street or P.O. Box:</b> PO Box 111 <b>City, Town or Village:</b> Minneapolis <b>State:</b> MN <b>Country:</b> USA <b>Zip Code:</b> 55440 <b>Email:</b> Corporate.Compliance@Target.com <b>Phone:</b> 800-587-2228 <b>Ext.:</b> <b>Fax:</b>
<b>9. Legal Owner and Operator of the Site</b>	<b>A. Name of Site's Legal Owner:</b> Target Corporation <b>Date Became Owner:</b> 07/21/2004 <b>Owner Type:</b> <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other <b>Street or P.O. Box:</b> PO Box 111 <b>City, Town, or Village:</b> Minneapolis <b>Phone:</b> 800-587-2228 <b>State:</b> MN <b>Country:</b> USA <b>Zip Code:</b> 55440 <b>B. Name of Site's Operator:</b> Target Corporation <b>Date Became Operator:</b> 07/21/2004 <b>Operator Type:</b> <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other

**10. Type of Regulated Waste Activity (at your site)**Mark "Yes" or "No" for all current activities (as of the date submitting the form); complete any additional boxes as instructed.**A. Hazardous Waste Activities; Complete all parts 1-10.**Y ☒ N ☐**1. Generator of Hazardous Waste**

If "Yes", mark only one of the following – a, b, or c.

- ☐ a. LQG: Generates, in any calendar month, 1,000 kg/mo (2,200 lbs./mo.) or more of hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 1 kg/mo (2.2 lbs./mo) of acute hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 100 kg/mo (220 lbs./mo) of acute hazardous spill cleanup material.
- ☒ b. SQG: 100 to 1,000 kg/mo (220 – 2,200 lbs./mo) of non-acute hazardous waste.
- ☐ c. CESQG: Less than 100 kg/mo (220 lbs./mo) of non-acute hazardous waste.

If "Yes" above, indicate other generator activities in 2-4.

Y ☐ N ☒

- 2. Short-Term Generator**
- (generate from a short-term or one-time event and not from on-going processes). If "Yes", provide an explanation in the Comments section.

Y ☐ N ☒

- 3. United States Importer of Hazardous Waste**

Y ☐ N ☒

- 4. Mixed Waste (hazardous and radioactive) Generator**

Y ☐ N ☒

- 5. Transporter of Hazardous Waste**
- 
- If "Yes", mark all that apply.

- ☐ a. Transporter
- ☐ b. Transfer Facility (at your site)

Y ☐ N ☒

- 6. Treater, Storer, or Disposer of Hazardous Waste**
- Note: A hazardous waste Part B permit is required for these activities.

Y ☐ N ☒

- 7. Recycler of Hazardous Waste**

Y ☐ N ☒

- 8. Exempt Boiler and/or Industrial Furnace**
- 
- If "Yes", mark all that apply.

- ☐ a. Small Quantity On-site Burner Exemption
- ☐ b. Smelting, Melting, and Refining Furnace Exemption

Y ☐ N ☒

- 9. Underground Injection Control**

Y ☐ N ☒

- 10. Receives Hazardous Waste from Off-site**

**B. Universal Waste Activities; Complete all parts 1-2.**Y ☐ N ☒

- 1. Large Quantity Handler of Universal Waste**
- (you accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste managed at your site. If "Yes", mark all that apply.

- a. Batteries ☐
- b. Pesticides ☐
- c. Mercury containing equipment ☐
- d. Lamps ☐
- e. Other (specify) \_\_\_\_\_ ☐
- f. Other (specify) \_\_\_\_\_ ☐
- g. Other (specify) \_\_\_\_\_ ☐

Y ☐ N ☒

- 2. Destination Facility for Universal Waste**

Note: A hazardous waste permit may be required for this activity.

**C. Used Oil Activities; Complete all parts 1-4.**Y ☐ N ☒

- 1. Used Oil Transporter**
- 
- If "Yes", mark all that apply.

- ☐ a. Transporter
- ☐ b. Transfer Facility (at your site)

Y ☐ N ☒

- 2. Used Oil Processor and/or Re-refiner**
- 
- If "Yes", mark all that apply.

- ☐ a. Processor
- ☐ b. Re-refiner

Y ☐ N ☒

- 3. Off-Specification Used Oil Burner**

Y ☐ N ☒

- 4. Used Oil Fuel Marketer**
- 
- If "Yes", mark all that apply.

- ☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner
- ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

**D. Eligible Academic Entities with Laboratories—Notification for opting into or withdrawing from managing laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K**❖ You can **ONLY** Opt into Subpart K if:

- you are at least one of the following: a college or university; a teaching hospital that is owned by or has a formal affiliation agreement with a college or university; or a non-profit research institute that is owned by or has a formal affiliation agreement with a college or university; AND
- you have checked with your State to determine if 40 CFR Part 262 Subpart K is effective in your state

Y ☐ N ☒ 1. Opting into or currently operating under 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories  
See the item-by-item instructions for definitions of types of eligible academic entities. Mark all that apply:

- ☐ a. College or University
- ☐ b. Teaching Hospital that is owned by or has a formal written affiliation agreement with a college or university
- ☐ c. Non-profit Institute that is owned by or has a formal written affiliation agreement with a college or university

Y ☐ N ☒ 2. Withdrawing from 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories**11. Description of Hazardous Waste****A. Waste Codes for Federally Regulated Hazardous Wastes.** Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

D001	D011	P081	U150			
D002	D016	U002	U154			
D004	D018	U034	U188			
D005	D024	U035	U200			
D006	D026	U044	U201			
D007	D035	U058	U279			
D008	P001	U072				
D009	P046	U122				
D010	P075	U129				

**B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes.** Please list the waste codes of the State-Regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed.




**12. Notification of Hazardous Secondary Material (HSM) Activity**

Y ☐ N ☒ Are you notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 261.2(a)(2)(ii), 40 CFR 261.4(a)(23), (24), or (25)?

If "Yes", you must fill out the Addendum to the Site Identification Form: Notification for Managing Hazardous Secondary Material.


**13. Comments**

When products are damaged, recalled or returned by a guest, these products may need to be sent out as hazardous waste.

Target stores normally operate as a small quantity generators (SQG) as defined in 40 CFR 162.34. However, Target retails pharmaceuticals and over-the-counter (OTC) products that when sent out as a waste may be considered a p-listed waste.

These episodic events may exceed 2.2 pounds in a single shipment.

**14. Certification.** I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations. For the RCRA Hazardous Waste Part A Permit Application, all owner(s) and operator(s) must sign (see 40 CFR 270.10(b) and 270.11).

Signature of legal owner, operator, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
	Juan Galarraga, Vice President	02/20/2012



Region 2

# ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

09/01/2005

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

**EPA I.D. NUMBER:** NYR000134148  
**INSTALLATION NAME:** TARGET #1856  
**INSTALLATION ADDRESS :** 2001 SOUTH RD  
POUGHKEEPSIE, NY 12601-5978  
**MAILING ADDRESS :** 1000 NICOLLET MALL - TPN-725  
MINNEAPOLIS, MN 55403

EPA Form 8700-12AB (4-80)

**USEPA - REGION 2**  
**RCRA Programs Branch**  
**290 Broadway, 22nd Floor**  
**New York, NY 10007-1866**

**ATTN: RCRA NOTIFICATIONS**  
**Tel : (212) 637-4106**  
**Fax: (212) 637-3056**

**TO: TARGET #1856**  
**or Current Occupant**  
**ATTN: JENNIFER RYMANOWSKI**  
**1000 NICOLLET MALL - TPN-725**  
**MINNEAPOLIS, MN 55403**

DHL EXPRESS

E-MAILED  
09/06/05  
CAB

New to

OMB#: 2050-0028 Expires 1/31/2006

ENVIRONMENTAL PROTECTION  
AGENCY, REGION 1  
2005 AUG -2 AM 11:14  
RCRA PROGRAMS  
BRANCH

<b>SEND COMPLETED</b>		United States Environmental Protection Agency			
<b>FORM TO:</b> The Appropriate State or EPA Regional Office.		<b>RCRA SUBTITLE C SITE IDENTIFICATION FORM</b>			
<b>1. Reason for Submittal</b> (See instructions on page 13.)  MARK ALL BOX(ES) THAT APPLY		<b>Reason for Submittal:</b> <input checked="" type="checkbox"/> To provide Initial Notification of Regulated Waste Activity (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities) <input type="checkbox"/> To provide Subsequent Notification of Regulated Waste Activity (to update site identification information) <input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application <input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____) <input type="checkbox"/> As a component of the Hazardous Waste Report			
<b>2. Site EPA ID Number</b> (page 14)		EPA ID Number <u>NYR 000134148</u>			
<b>3. Site Name</b> (page 14)		Name: <u>Target # 1856</u>			
<b>4. Site Location Information</b> (page 14)		Street Address: <u>2001 South Road</u>			
		City, Town, or Village: <u>Poughkeepsie</u>	State: <u>NY</u>		
		County Name: <u>Dutchess</u>	Zip Code: <u>12601 5998</u>		
<b>5. Site Land Type</b> (page 14)		Site Land Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other			
<b>6. North American Industry Classification System (NAICS) Code(s) for the Site</b> (page 14)		A. <u>45299</u>			
		B.			
		C.			
<b>7. Site Mailing Address</b> (page 15)		Street or P. O. Box: <u>1000 Nicollet Mall, TPN-725</u>			
		City, Town, or Village: <u>Minneapolis</u>			
		State: <u>Minnesota</u>			
		Country: <u>USA</u>	Zip Code: <u>55403</u>		
<b>8. Site Contact Person</b> (page 15)		First Name: <u>Jennifer</u>	MI: <u>R</u>	Last Name: <u>Rymanowski</u>	
		Phone Number: <u>612-761-1417</u> Extension: <u>—</u>		Email address: <u>Jennifer.Rymanowski@target.com</u>	
<b>9. Operator and Legal Owner of the Site</b> (pages 15 and 16)		A. Name of Site's Operator: <u>Target Corporation</u>		Date Became Operator (mm/dd/yyyy): <u>July 21, 2004</u>	
		Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other			
		B. Name of Site's Legal Owner: <u>Target Corporation</u>		Date Became Owner (mm/dd/yyyy): <u>July 2, 2004</u>	
		Owner Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other			

EPA ID NO: [ ]

OMB#: 2050-0028 Expires 1/31/2006

## 11. Description of Hazardous Wastes (See instructions on page 20.)

**A. Waste Codes for Federally Regulated Hazardous Wastes.** Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

D001	D002	D011				

**B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes.** Please list the waste codes of the State-regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed for waste codes.


## 12. Comments (See instructions on page 20.)

Various broken retail items (detergent, oil Lawn Fertilizer)
Silver from photo finishing

**13. Certification.** I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. (See instructions on page 20.)

Signature of operator, owner, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
Jennifer Rymanowski	Nat'l Environmental Compliance Mgr	7/29/05
Jennifer Rymanowski		



## 11. Description of Hazardous Wastes (See instructions on page 20.)

**A. Waste Codes for Federally Regulated Hazardous Wastes.** Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

D001	D002	D011				

**B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes.** Please list the waste codes of the State-regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed for waste codes.


## 12. Comments (See instructions on page 20.)

Silver etc from photo finishing
Various broken retail items (detergents, oil, etc)

**13. Certification.** I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. (See instructions on page 20.)

Signature of operator, owner, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
Jennifer Rymanowski	National Environmental Compliance	8/10/05
Jennifer Rymanowski	Manager	